MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.			* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1							51		2	101	5		
2	1							52	1		102	5		
3		1						53	1		103	5		
4		1						54	1		104	5		
5	1							55		3	105	5		
6		1						56		3	106	3		
7		1						57		3	107	5		
8		1						58	1		108	5		
9		1						59		1	109	5		
10		1						60		1	110	5		
11		3						61		1	111	5		
12		3						62		1	112	5		
13		3						63		1	113			
14		3						64		1	114	1		
15		3						65	1		115	1		
16	1							66		1	116	1		
17		1						67	1					
18		1						68		1				
19		1						69		1				
20		8						70	1					
21		8						71		1				
22		8						72		5				
23		8						73		5				
24		8						74		5				
25		8						75		5				
26		8						76		5				
27		8						77		5				
28		8						78		5				
29		8						79		5				
30	1							80		5				
31		1						81		5				
32		1						82		5				
33		1						83		5				
34		1						84		8				
35		1						85		5				
36	1							86		5				
37	1							87		5				
38	1							88		5				
39		1						89		5				
40		1						90		5				
41		1						91		5				
42		1						92		5				
43		1						93		5				
44		1						94		5				
45		8						95		5				
46		8						96		5				
47		8						97		5				
48		8						98		1				
49		8						99		1				
50		8						100		5				
TOTAL IND.	←		←		←			**TOTAL IND.**	4		←		←	
TOTAL DEP.								**TOTAL DEP.**	272					
TOTAL CLAIMS	186							**TOTAL CLAIMS**	276					

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS